

**CONTINGENT MOTOR TRUCK CARGO
TRANSPORTATION INSURANCE COVERAGE**

APPLICATION

Applicant Name & Address:

Legal Entity (corporation, partnership or sole proprietor): _____

Contact Name: _____ Phone #: _____

Fax #: _____ Email: _____

Years in Business: _____ Current Insurance Carrier: _____

DOT Filing #'s MC _____ FF _____

Policy Effective Dates: _____

Geographic Territory: _____

Brokerage Gross Revenues (Motor Truck Cargo):

Estimated Current Year: \$ _____

Last Year: \$ _____

Railroad Transportation \$ _____

Air Freight Company \$ _____

Limit of Insurance \$ _____ Deductible \$ _____

Refrigeration Breakdown Coverage _____ YES _____ NO

Do you arrange for any of the following:

Seafood _____
Heavy Machinery _____
Boat or Automobile _____
Red Label Commodities _____
Tobacco Products _____
Jewelry, Gold _____
Precious Metals _____
Pharmaceuticals _____
Refrigerated Loads _____

Meat _____
Mobile Homes _____
Clothing _____
Household Goods _____
Alcohol Products _____
Furs _____
Electronic Goods _____
Back Hauls _____

List Commodities Brokered:

Type	Revenue	% of Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you use a selected group of Carriers: () Yes () No

If Yes,

Name of Carrier	Estimated Receipts	Released Valuation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you secure a certificate of insurance from carriers prior to authorization?

() Yes () No

Do you verify the limit of liability shown on the certificate is equal to or higher than the shipment assigned to the carrier? () Yes () No

Describe specific procedures for:

A. Selecting Carriers, including certificate verification process or other documentation to verify appropriate coverage and limits are in place:

B. For Tracking Shipments:

Do you sign contracts with other Brokers/Freight Forwarders accepting liability for brokered loads? () Yes () No

Are you responsible for packaging, loading or unloading? () Yes () No

Do you operate a terminal or loading dock or warehouse () Yes () No

Are you a member of any professional organization (s) () Yes () No

Do you have a common or contract carrier Authority () Yes () No

Please describe any "yes" answers: _____

Attached the following items:

A. Sample copy of a contract with your carriers

B. Claims information for the past 3 years, with company loss runs. Include loss information whether insured/paid claim or not.

Applicants Signature: _____ Date _____

Signature above acknowledges Applicant's agreement that Underwriters rely upon the accuracy of the responses contained in this application and reserve the right to alter offered terms should the statements or conditions change. Completing this application does not guarantee acceptance of insurance.

GALES CREEK INSURANCE PROGRAMS

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